City of Augusta Planning & Development PO Box 9270, Augusta, GA 30916-9270 Phone: 706-312-5050

BUSINESS TAX RETURN

CITY OF AUGUSTA BUSINESS TAX DIVISION Year 2016

: 706-312-5050

FAX # 70	06-312-4277 or 706	3-312-5037					FOR BUSINESS	LICENSE OFFICE	USE ONLY	Interviewed
Report C	Change in Locatio	n/Mailing Address Promptly to Busine	ess Tax Divis	sion			Zoning	Map & Parcel		Ву:
•	Type or Print with	. ,					Account #	Tax Class	SIC Code	# of Decals
Complete	e all spaces as they	relate to County Activity		Month	Day	Year	YEARLY TOTAL GR	OSS RECEIPTS (EVE	N DOLLARS)	# of
Circle One	Renewal Amended	Started New Business	Date				\$ Professionals and certain p	practitioners have the or	otion of paying \$400	Employees:
	New	Cold or Closed Business	Date				per practitioner in lieu of re Business Tax Office to dete	porting gross receipts.	Check with the	
	Final	Sold or Closed Business	5		01	4 / 11			ориоп.	7' 0 1
	ss Name						s (Not P.O. Box)	City, State		Zip Code
Mailing	Information Na	me	Mailing A	ddress –	Street o	or P.O. Bo	ΣX	City, State		Zip Code
Previous and Loca	Business Name ation	Name		Street -	Not P.O.	Box		City, State		Zip Code
Circle One	Partnership Sole Ownership Corporation	Principal Office, Corporate Name		Street or	r P.O. Bo	х		City, State		Zip Code
	Agent or Attorney ce of Business County	Name		Street or	r P.O. Bo	Х		City, State		Zip Code
Name of Residen	Owner(s) & ce Address	Name SSN (Last 4 digits)		Street o	or P.O. Bo	οx		City, State		Zip Code
Officer T	Title	Name		Street or	r P.O. Bo	Х		City, State		Zip Code
		SSN								
	ERGENCY ONTACT	NAME		CELL (PHONE			HOME PHOI	NE -	
LOCA	AL CONTACT	NAME		CELL F	PHONE	•		HOME PHO	NE -	
Part II, C	chapter 8, Section 6 siness firm named, t business activity 6	rmation herein as required by City of Aug 5-27.1 (Title) do hereby register to operate said busin of (explain type of business)		In accordant authorize that the	ed by the	e Business business he true, corre	Ordinance of City of Augusta nerein named to file this return ct, and complete.			
State ID	Nullibel	rederal 10 Number								

Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia Public benefit Application with License and Inspection Division Pursuant to O.C.G.A. §50-36-1 (e) (2)

	By executing this affidavit under oath, as an applicant for: (check all that apply)
	Augusta, Georgia Business License or Georgia Occupational Tax CertificateAlcohol License
	Taxi Permit as referenced in O.C.G.A. §50-36-1
>	From Augusta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:
	1) I am a United States citizen
	2) I am a legal permanent resident of the United States.
	3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
	My alien number is issued by the Department of Homeland Security or other federal immigration agency is:
	The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1 (e) (1), with this affidavit.
	In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.
>	Executed in (city), (state)
>	Business Name
	Business License Number Required
	Signature of Applicant
	Printed Name of Applicant
	SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20
	NOTARY PUBLIC My Commission Expires:

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

	By executing		,			
	[business lice	nse, occupation	al tax certificat	e, or other doc	cument required to	operate a husiness
	as referenced	in O.C.G.A. 8 3	6-60-6(d) from	n Augus	sta-Richmond Co	untv
	Iname of cou	ntv or municina	l corporation	the undersion	ned applicant repre	centing the private
	nrivate emple	warl verifies on	e of the follo	wing with man	pect to my applica	[printed name o
	mentioned do	oument:	e of the folio	wing with res	pect to my applica	tion for the above
	incimoned do	cument.				
	O-1 611 4	46.1 41 40.41				
1		this section if th	e current date	e is on or befo	re June 30, 2013. S	Select Only One.
	(a)	On January 1	of the below	v signed year	the individual, fir	m, or corporation
		employed one	hundred (100)	or more emp	oloyees. If the empl	loyer selected 1(a,
		please fill out S	ection 3 below	•		
	(b)	On January 1st	of the below	signed year	the individual, fir	m, or corporation
		employed less t	han one hundr	ed (100) emplo	ovees.	and, or outpointing
				(100)	0,000	
	Only fill out i	his section if the	e current date	is on or after	July 1, 2013. Selec	ot Only One
	(a)	On January 1st	of the below	signed year	the individual, fir	m or company
	()	employed more	than ten (10)	employees If	the employer select	in, or corporation
		out Section 3 be	low =	employees. If	ine employer select	iea 2(a) piease jiii
	(b)				41	
	(0)	On January 1	of the pelow	signed year	the individual, fire	m, or corporation
		employed ten (1	o) or lewer en	iployees.		
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